

CHAPTER 6

Suggestions for Data Use



The Toolkit helps organizations collect data that can drive action on improving the reproductive health status of conflict-affected women. The actions could for example, include initiating a new program to provide antenatal care, utilizing the survey to monitor and evaluate an existing voluntary counseling and testing program for HIV/AIDS, developing a policy to promote comprehensive family planning services, or using the data to support a request for funding or other resources. The specific actions should be developed after interpreting the data and identifying priorities and needs. The following section provides some tips on how to translate the data to action.

Interpretation of results

A standard analysis plan (See Chapter 5, Analysis Guide) has been developed that will give organizations the data they need to inform programs and services for women of reproductive age in the population. The analyses are grouped under the same headings as the questionnaire:

- **Background characteristics:** Describes background characteristics of the women of reproductive age in your population. These data are descriptive and can be useful in describing your population when reporting findings and identifying particular groups at high risk of having poor reproductive health.
- **Safe motherhood:** Assesses knowledge of danger signs during pregnancy, access to antenatal services, incidence of pregnancy-related complications, help-seeking behaviors during pregnancy, labor/delivery, and postpartum care, and pregnancy outcomes in the last two years. The data from this section will help determine the need to promote antenatal care, in order to reduce maternal complications and poor birth outcomes.
- **Family planning:** Assesses knowledge of family planning methods, current contraceptive use, unmet need for family planning, and barriers to family planning. The data from this section will help determine the need to promote family planning (limiting number of children or spacing births) and identify barriers to family planning efforts.
- **Sexual history and sexually transmitted infections (STIs):** Assesses knowledge of STIs, prevalence of self-reported STI-associated symptoms, help-seeking behaviors, and barriers to treatment. The data from this section will help determine the need to prevent STIs through ABC's, i.e. abstaining from sex or being mutually faithful or when appropriate, consistently using condoms. These data can also identify needs regarding access to treatment.
- **HIV/AIDS:** Provides information on knowledge of HIV/AIDS, social views of HIV/AIDS, and future intent to get tested. The data from this section will help determine the need for HIV/AIDS prevention services and will assess demand for testing.
- **Gender-based violence (GBV):** Provides information on prevalence of physical and sexual violence during and post-conflict, intimate partner violence, GBV-related injuries, and help-seeking behaviors. The data from this section will help to assess the magnitude of the problem and identify strategies that women would prefer.
- **Female genital cutting (FGC):** Provides information on prevalence of FGC in the current location and perceptions and attitudes regarding FGC.
- **Emotional health:** Provides information on emotional distress issues. This section will assess the need for mental and other health-related services.

Analysis Guide:

The data generated from the Analysis Guide can guide the project team in prioritizing the most critical needs of the population of interest. Organizations may choose to address one or more priority needs, depending on the survey findings and available resources.

The following are examples of how to use the Key Indicator List and Analysis Tables:

Box 6.1

Example 1

Results: For the indicator “Currently pregnant women,” your survey may find that 8% of the population is currently pregnant. Next, you discover through the indicator “Antenatal care for currently pregnant women” that only 60% of the currently pregnant women have seen anyone for antenatal care for this pregnancy.

How to Interpret: This would be an alarming finding, and you would want to know who is not being seen for antenatal care and why they are not. The related analysis tables provide a breakdown by demographic characteristics of women not seeing anyone for antenatal care and what they reported as barriers to care. Reviewing the demographic characteristics, you can determine who these women are, which will help you determine how to target messages promoting antenatal care. For example, you might discover that women aged 15-24 who are married and read easily are not seeking care. When reviewing the barriers, you might discover that the most common barrier is lack of access.

Possible Action: You can target the high-risk group you have identified and address the barrier of lack of access to antenatal services.

Box 6.2

Example 2

Results: For the indicator “Comprehensive correct knowledge of HIV/AIDS,” your survey may find that only 40% of the population has comprehensive correct knowledge. You may also know from community statistics that there is a high prevalence of HIV.

How to Interpret: Together, these findings suggest that the population is at risk and has inadequate knowledge of how HIV is transmitted and how to prevent transmission. The related analysis tables may show that young people, aged 15-24, do not know how HIV is transmitted and their reading ability is low.

Possible Action: Appropriate HIV education could target this age group, through non-written communications.

Report template

Your technical report should document the entire survey process, findings, conclusions, and recommendations. This report, either as a whole or in summary form, should be used in dissemination efforts. Appendix H provides a sample table of contents for such a report.

Dissemination Plan

A plan for disseminating the findings and recommendations from the survey should be developed by the organization prior to conducting the

survey. The findings from the survey should be shared with key collaborators and members of the target population. Your recommendations will help them interpret findings and plan for action. In addition, this information should be disseminated back to project staff to encourage feedback and build buy-in for future data collection efforts and effective use of the data. The findings should be disseminated widely to local and international partners, community leaders and members, and other decision-makers.

The project team should determine the most effective method in their setting for disseminating findings to important audiences. Some methods of disseminating results include:

- Media and press releases
- Presentations at conferences and meetings
- Newsletters and bulletins
- Websites on the Internet
- Community meetings
- Reports that can be distributed via mail or the Internet

Before you disseminate survey results to anybody outside of the project team, review the reports carefully to ensure confidentiality and privacy of participants will not be breached. Though the data will not have any identifying information, you must also ensure that the report does not contain participant identification (e.g., name, address). The project team should consider carefully how specifically to identify the population. Should the community be named or is it sufficient to state the area of the study?

Data to Action

The goal of the Toolkit is to produce data that will allow you to identify reproductive health needs of women and their families and address them by promoting and enhancing evidence-based programs and services. Figure 6.1 depicts potential ‘data to action’ strategies to improve the reproductive health outcomes of the survey population.

The strength of the Toolkit is that it provides reliable population-level reproductive health data that can inform the decisions of stakeholders. It is important to engage the project team, partner agencies, and community members as you identify and prioritize strategies to address the findings from the Toolkit. The data can be used to illustrate the need for additional funding (through grants or special requests), to help develop new programs, systems, or policies to address identified needs, and to support advocacy efforts. For programs, health systems, or policies already established, the data can provide valuable information on what effect they are having on the knowledge, attitudes and behaviors of the population. Lastly, as previously mentioned, the findings from the survey should be shared more broadly, to increase the knowledge base regarding reproductive health issues of conflict-affected women.

Figure 6.1 Data to Action

